COMPLETE THIS SECTION ON DELIVERY Case 2:05-cv-00644-CSC SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse Date of Delivery B. Regeived by (Printed Name) so that we can return the card to you. Attach this card to the back of the mailpiece, D. Is delivery address different from item 1? or on the front if space permits. □ No If YES, enter delivery address below: 1. Article Addressed to: 2:05CV 644 Shannon Carol Youngblood Montgomery Police Department 3. Service Type 320 Ripley Street ☐ Express Mail Certified Mail Return Receipt for Merchandise Montgomery, AL 36104 Registered □ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 7005 1160 0001 3017 2938 2. Article Numb 102595-02-M-1540 (Transfer fron

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Domestic Return Receipt

Case 2:05-cy-00644 CSC SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: R. D. Calhoun Montgomery Police Department	A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature A. Agent A. Addressee A. Acceived by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No A. O. S. C. V. O. Y. C. J. A. Agent A. A
320 Ripley Street Montgomery, AL 36104	3. Service Type Certified Mail Registered Express Mail Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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